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Practitioner's Docket No.: 1413.03

PATENTS 12-16-02

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Israel Morejon et al.  
5 Serial No.: 10/065,635  
Filing Date: 11/05/2002  
10 For: Discrete Multitone Modem  
Initialization System and  
Method

Examiner: Unassigned  
Art Unit: Unassigned

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Box Non-Fee Amendment  
15 Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

A preliminary amendment under 37 CFR 1.115(a) is requested. The above-identified  
20 patent application is amended a first time as follows:

**PRELIMINARY AMENDMENT**  
(37 C.F.R. § 1.115(a))

**IN THE SPECIFICATION:**

25 Please re-write the following paragraph of the specification as follows, in accordance  
with 37 C.F.R. 1.121(a)(1). :

**Paragraph [0002]:**

AI This application is a continuation-in-part of co-pending United States Patent Application  
30 Serial No. 10/064,570, filed July 26,2002.

Exhibit A attached hereto indicates how the original paragraph was amended to produce  
the re-written paragraph submitted herewith. Added terms are underscored and deleted terms are  
bracketed.

Applicant: Israel Morejon et al.  
Serial No. 10/065,635  
Filing Date: 11/05/2002  
Practitioner's Docket No.: 1413.03

Group Art: Unassigned  
Examiner: Unassigned

It is requested that this preliminary amendment be entered.

Very respectfully,

SMITH & HOPEN

By:



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Attorneys for Applicant

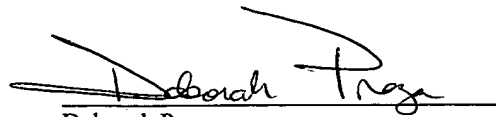
Dated: November 15, 2002

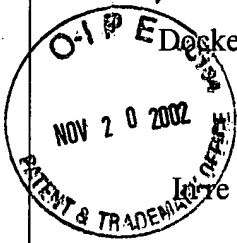
CERTIFICATE OF MAILING

(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Preliminary Amendment, including Exhibit A, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: U.S. Receiving Office, Box Non-Fee Amendment, Assistant Commissioner for Patents, Washington, D.C. 20231 on November 15, 2002.

Date: November 15, 2002

  
Deborah Preza



Docket No. 1413.03

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:  
Israel Morejon et al.

Serial No.: 10/065,635

Art Unit: Unassigned

Filed: 11/05/2002

Examiner: Unassigned

For: Discrete Multitone Modem Initialization  
System and Method

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Assistant Commissioner for Patents  
Washington, D.C. 20231

PRELIMINARY AMENDMENT TRANSMITTAL

1. Transmitted herewith is a preliminary amendment for this application.

STATUS

2. Applicants are independent inventors. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING  
(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Preliminary Amendment, including Exhibit A, is being deposited with the United States Postal Service by first class mail in an envelope addressed to: Box Non-Fee Amendment, Assistant Commissioner for Patents, Washington, D.C. 20231 on November 15, 2002.

Dated: November 15, 2002

Deborah Preza

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3) SMALL ENTITY		
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	58	Minus	58	= 0	x \$9 =	\$0
Indep.	10	Minus	10	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$140 =	\$0
Total						Addit. Fee \$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

## FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.  
If any additional fee for claims is required, charge Deposit Account No. 500745.

  
**SIGNATURE OF PRACTITIONER**

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